

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) RUTH IRENE GILLINGS Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) PO Box 2948 SPARKS NV 89432 Telephone No. 775-359-5482

E-Mail Address _____

Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED LOCAL BAG

- Annual Filing - Due January 15, 2010
Period: January 1, 2009 - December 31, 2009
- Report #1 - Due June 1, 2010*
Period: Jan. 1, 2010 - May 27, 2010
- Report #2 Due - October 26, 2010*
Period: May 28, 2010 - Oct. 21, 2010
- Report #3 Due - January 15, 2011**/**
Period: Oct. 22, 2010 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011
Period: January 1, 2010 - December 31, 2010

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 WASHOE COUNTY
 REGISTRAR OF VOTERS
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* These Reports are filed by incumbents/candidates in the 2010 election cycle
 ** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

- 1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
- 2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
- 3. Total Monetary Contributions in the form of loans that were forgiven
(See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
00	00
00	00
00	00

- 4. Total Amount of Monetary Contributions Received
(Add Lines 1 through 3) (See page 2 of instruction sheet)
- 5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
(See page 2 of instruction sheet)
- 6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
00	00
00	00
00	00

EXPENSES SUMMARY

- 7. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
- 8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

00	00
00	00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Ruth Irene Gillings Signature Date 03-09-10

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03-09-10
Date

RUTH IRENE GILLINGS

Name (print)

Office (if applicable)

District (if applicable)

P.O. Box 2948 Sparks NV
Mailing Address (include city and zip code)

SPARKS NV

775-359-5482
Telephone No.

E-Mail Address

Select Appropriate Box(es)

- CANDIDATE
- PAC
- POL PRTY
- IND EXP
- NONPROFIT CORP
- LEGAL DEFENSE FUND
- AMENDED
- LOCAL BAG

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